## BEST AVAILABLE COPY

09/96/245

Application or Docket Number

1190-05199

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I												
_			(Column 1)		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10		7			RATE	FEE	OH		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE			RATE BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/  minus 20=		· Ø			X\$ 9=		1	X\$18=	7.10.00
INDEPENDENT CLAIMS			2 minus 3 =							OR		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					X40=		OR	X80=	
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	20
		(Column 1)	AMENDE	(Colun	nn 2)	(Column 3)		SMALL ENTITY		OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	
		ENTATION OF MI	Minus	***	CLAIN	=		X40=		OR	X80=	
		. L	+135= TOTAL DDIT:FEE		et and	+270= TOTAL						
m		(Column 1)		HIGH	EST STA	(Column 3)		F. F. F. S.	T. Parymond Joyne,			
AMENDMENT B		REMAINING AFTER AMENDMENT	Minus 🍪	NUME PREVIO PAID F	USLY.	PRESENT EXTRA		RATE	ADDI-7	等。快	RATE	ADDI-
	Total	TOTAL SOUTH					※	X\$ 9=	FEE			<b>%FEE</b> ∜
	Independent	·交流被击。""	Minus	1		- 100 mm			A-130/2	OR	X\$18≐'.	1/4/04
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=	
								+135=		OR	+270=	A
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
-1		(Column 1) CLAIMS		(Colum		(Column 3)						-1 -1
MEN		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7 7
	Independent		Minus	***		=	-	X40=		ŀ		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A4U=		OR	X80≃	<b>.</b>
· If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=	
***	the "Highest Nur	nber Previously Pai mber Previously Pai ber Previously Paid	d For" IN THIS id For" IN THIS	SPACE is	less than	20, enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
	-		- (rotal of	geberingn	ny io ilite i	iiigiiesi number	round	in the appr	opriate box	ın colu	mn 1.	